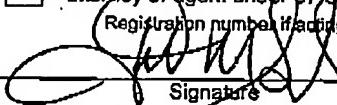


PTO/SB/22 (01-06)

Approved for use through 02/29/2008. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 62588(71699)
Application Number	10/797,713-Conf. #4304	Filed March 10, 2004
For RAPID IDENTIFICATION OF MICROBIAL GENOTYPES AND PHENOTYPES		
Art Unit 1744	Examiner W. H. Beisner	RECEIVED CENTRAL FAX CENTER APR 18 2008
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,624</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 <u>Signature</u> <u>Jonathan M. Sparks, Ph.D.</u> Typed or printed name		<u>April 18, 2008</u> <u>Date</u> <u>(617) 517-5543</u> <u>Telephone Number</u>
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>		
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.	

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